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CONFIRMATION NO. 5594

<b>SERIAL NUMBER</b> 10/772,663	<b>FILING OR 371(c) DATE</b> 02/04/2004 <b>RULE</b>	<b>CLASS</b> 073	<b>GROUP ART UNIT</b> 2856	<b>ATTORNEY DOCKET NO.</b> 1512.015
<b>APPLICANTS</b> James A. Zagzebski, Madison, WI; Tomy Varghese, Madison, WI; Anthony L. Gerig, Madison, WI;				
<b>** CONTINUING DATA **</b> <i>Yes</i> This appln claims benefit of 60/464,678 04/22/2003				
<b>** FOREIGN APPLICATIONS **</b> <i>NONE</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 05/07/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance <i>met</i> Verified and Acknowledged <i>met</i>		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 41
Examiner's Signature <i>[Signature]</i> Initials		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 23598				
<b>TITLE</b> Parametric ultrasound imaging using angular compounding				
<b>FILING FEE RECEIVED</b> 574	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	